



# Request For Information ("RFI") Transmittal

Full Name of Underwriting Insurer:			NAIC #:
1 <sup>st</sup> Level Coverage:	2 <sup>nd</sup> Level Coverage:		
Insurer Contact Name:	Phone:	E-mail:	

<input type="checkbox"/>	<b>Scenario A – The complaint has been resolved to the satisfaction of both the insurer and the insured/complainant.</b> An explanation of the resolution is provided in SECTION 2 of this form. Accompanying this form is a copy of the communication sent to the complainant. <b>PLEASE NOTE:</b> The Department may ask for additional information at any time.
<input type="checkbox"/>	<b>Scenario B – The complaint is about a matter outside the jurisdiction of the Arizona Department of Insurance.</b> An explanation along with proof of non-jurisdiction is provided in SECTION 2 of this form.
<input type="checkbox"/>	<b>Scenario C – The complaint has not been resolved; the company's position remains unchanged.</b> Accompanying this form are <u>all</u> the items the Department of Insurance requested in its correspondence concerning the complaint.

AUTO		HOMEOWNERS	
<b>FIRST-LEVEL COVERAGE</b>		<b>FIRST-LEVEL COVERAGE</b>	<b>SECOND-LEVEL COVERAGE</b>
<input type="checkbox"/> 0105 Indiv. Private Passenger	<input checked="" type="checkbox"/> 0150 No-Fault / PIP (N/A in AZ)	<input type="checkbox"/> 0305 Homeowners	<input type="checkbox"/> 0325 Liability
<input type="checkbox"/> 0107 Group Private Pssngr.	<input type="checkbox"/> 0151 Personal Effects Coverage	<input type="checkbox"/> 0307 Group Homeowners	<input type="checkbox"/> 0330 Theft
<input type="checkbox"/> 0110 Commercial	<input type="checkbox"/> 0152 Policy Proof of Interest	<input type="checkbox"/> 0310 Farmowner/Ranchowner	<input type="checkbox"/> 0333 Earthquake
<input type="checkbox"/> 0115 Motorcycle	<input type="checkbox"/> 0153 Rental Reimbursement	<input type="checkbox"/> 0315 Mobile Homeowner	<input type="checkbox"/> 0334 Flood
<input type="checkbox"/> 0120 Motorhome / RV	<input type="checkbox"/> 0154 Towing	<input type="checkbox"/> 0317 Condo/Town	<input type="checkbox"/> 0335 Fire - Real Property
<input type="checkbox"/> 0123 Motorsports	<input type="checkbox"/> 0155 Residual Mkt./JUA Related	<input type="checkbox"/> 0318 Renters/Tenants	<input type="checkbox"/> 0336 Single Interest
<input type="checkbox"/> 0124 Rental	<input checked="" type="checkbox"/> 0156 Physical Damage Waiver		<input type="checkbox"/> 0337 Medical Payments
	<input type="checkbox"/> 0157 Collision Damage Waiver		<input type="checkbox"/> 0338 In Home / Incidental
<b>SECOND-LEVEL COVERAGE</b>	<input type="checkbox"/> 0158 Supplemental Liability		<input type="checkbox"/> 0340 Personal Property
<input type="checkbox"/> 0130 Liability	<input type="checkbox"/> 0159 Personal Passenger Protctn.		<input type="checkbox"/> 0341 Residual Mkt./JUA Related
<input type="checkbox"/> 0135 Physical Damage	<input type="checkbox"/> 0185 Surplus Lines		<input type="checkbox"/> 0342 Replacement Cost
<input type="checkbox"/> 0137 Collision	<input type="checkbox"/> 0190 Lender Placed		<input type="checkbox"/> 0343 Loss of Use
<input type="checkbox"/> 0138 Comprehensive	<input type="checkbox"/> 0191 Single Interest		<input type="checkbox"/> 0344 Windstorm
<input type="checkbox"/> 0140 Medical Payments	<input type="checkbox"/> 0192 Dual-Interest		<input type="checkbox"/> 0385 Surplus Lines
<input type="checkbox"/> 0145 UM/UIM			<input type="checkbox"/> 0386 Lender Placed
			<input type="checkbox"/> 0387 Dual-Interest
			<input type="checkbox"/> 0388 Hazard

## Request For Information ("RFI") Transmittal (continued)

ADOI Case #

Full Name of Underwriting Insurer:

NAIC #:

**FIRE, ALLIED LINES & COMMERCIAL MULTI-PERIL****FIRST-LEVEL COVERAGE**

- ☐ 0205 Fire, Allied Lines  
☐ 0207 Crop/Hail  
☐ 0210 Commercial Multi-Peril  
☐ 0215 Credit Property  
☐ 0217 Dwelling Fire  
☐ 0218 Builder's Risk

**SECOND-LEVEL COVERAGE**

- ☐ 0225 Liability  
☐ 0230 Theft  
☐ 0233 Windstorm  
☐ 0235 Fire - Real Property  
☐ 0240 Personal Property  
☐ 0243 Residual Mkt./JUA Related  
☐ 0245 State Specific  
☐ 0285 Surplus Lines

**MISCELLANEOUS****FIRST-LEVEL COVERAGE**

- ☐ 0705 Workers' Compensation  
☐ 0710 Fidelity & Surety  
☐ 0715 Ocean Marine  
☐ 0720 Inland Marine  
☐ 0725 Title  
☐ 0727 Home/Incidental Business  
☐ 0730 Mortgage Guaranty  
☐ 0733 Boiler Machinery  
☐ 0734 PMI  
☐ 0736 Surplus Lines

**FIRST-LEVEL COVERAGE (cont'd)**

- ☐ 0737 Watercraft  
☐ 0738 Aircraft  
☐ 0739 Bail Bonds  
☐ 0740 Extended Warranty & Service Contracts  
☐ 0741 Federal Programs  
☐ 0742 Federal Crop  
☐ 0743 Federal Flood  
☐ 0744 Travel  
☐ 0746 Business Interruption  
☐ 0747 Pet Insurance

**LIABILITY****FIRST-LEVEL COVERAGE**

- ☐ 0605 General  
☐ 0610 Products  
☐ 0615 Professional E & O  
☐ 0617 Umbrella  
☐ 0618 Directors & Officers

**SECOND-LEVEL COVERAGE**

- ☐ 0625 Employment Policy  
☐ 0630 Excess Loss  
☐ 0635 Medical Malpractice  
☐ 0640 Pollution  
☐ 0685 Surplus Lines

**LIFE & ANNUITY****FIRST-LEVEL COVERAGE**

- ☐ 0405 Individual Life  
☐ 0410 Group Life  
☐ 0415 Indiv. Annuities  
☐ 0417 Group Annuities  
☐ 0420 Credit Life  
☐ 0425 Accelerated Benefits

**SECOND-LEVEL COVERAGE**

- ☐ 0435 Accidentl Death/Disbmnt  
☐ 0440 Association  
☐ 0445 Equity Indexed  
☐ 0450 Fixed  
☐ 0455 Premium Waiver  
☐ 0460 Single Premium  
☐ 0465 Term  
☐ 0470 Universal  
☐ 0475 Variable  
☐ 0480 Whole

**ACCIDENT & HEALTH**► Was the policy sold through the federal Health Insurance Exchange? ☐ Yes ☐ No**FIRST-LEVEL COVERAGE**

- ☐ 0505 Individual  
☐ 0510 Group  
☐ 0515 Credit

**SECOND-LEVEL COVERAGE (cont'd)**

- ☐ 0534 Multistate  
☐ 0537 Stand-alone Dental  
☐ 0538 Autism/PDD  
☐ 0539 Student Health  
☐ 0540 Long-Term Care  
☐ 0541 Home Health Care  
☐ 0542 Short-term Limited-duration  
☐ 0543 Mental Health  
☐ 0545 Dental  
☐ 0546 Occupational Accident  
☐ 0547 Limited Benefits  
☐ 0548 Chiropractic  
☐ 0550 Hospital Indemnity  
☐ 0551 Vision  
☐ 0552 HIPAA  
☐ 0553 Unemployment  
☐ 0554 Pre-existing Condition  
☐ 0555 Cancer/Dread Disease  
☐ 0556 Self Funded/ERISA  
☐ 0557 COBRA  
☐ 0558 HMO  
☐ 0559 PPO

**SECOND-LEVEL COVERAGE (cont'd)**

- ☐ 0535 Medicare Supplement  
☐ 0536 Medicare Select  
☐ 0549 Medicare Risk  
☐ 0575 Medicare Advantage  
☐ 0576 Medicare RX Drug/Part D  
☐ 0577 Medicare Supplement  
☐ 0578 Medicare Select  
☐ 0580 Medicare Supp Plan A  
☐ 0581 Medicare Supp Plan B  
☐ 0582 Medicare Supp Plan C  
☐ 0583 Medicare Supp Plan D  
☐ 0584 Medicare Supp Plan E  
☐ 0585 Medicare Supp Plan F  
☐ 0586 Medicare Supp Plan G  
☐ 0587 Medicare Supp Plan H  
☐ 0588 Medicare Supp Plan I  
☐ 0589 Medicare Supp Plan J  
☐ 0590 Medicare Supp Plan K  
☐ 0591 Medicare Supp Plan L  
☐ 0592 Medicare Supp Plan M  
☐ 0593 Medicare Supp Plan N  
☐ 0594 Other Medicare Supp Plans  
☐ 0595 Pre-standardized Med Supp

**SECOND-LEVEL COVERAGE (may relate to any first-level A&H coverage)**

- ☐ 0520 Accident Only  
☐ 0521 Grandfathered  
☐ 0522 Exchange  
☐ 0523 Pharmacy Benefits  
☐ 0524 Catastrophic  
☐ 0525 Disability Income  
☐ 0526 Bronze  
☐ 0527 Silver  
☐ 0528 Gold  
☐ 0529 Platinum  
☐ 0530 Health Only  
☐ 0531 Small Group  
☐ 0532 Large Group  
☐ 0533 Child Only